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Serials

Vol. XXXVII No. 12

# ALBANY
# MEDICAL ANNALS

Journal of the Alumni Association of the
Albany Medical College

DECEMBER, 1916

*Ασφαλὲς καὶ ἔμπεδον ἔστω το σὸν ἔδος. Ἐκ σκότου μὲν ἔξαγε φάος, ἐκ δὲ πάθους ἀναψυχήν.*

STORAGE

# ALBANY MEDICAL ANNALS

*Journal of the Alumni Association of the Albany Medical College*

ALUMNI COMMITTEE

A. VANDER VEER, M. D. W. G. TUCKER, M. D. ANDREW MACFARLANE, M. D.

EDITED BY

J. MONTGOMERY MOSHER, M. D.

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(Continued on p. iii)


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(*Continued on page x*)

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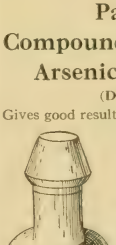


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(*Continued from page v*)

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VOL. XXXVII DECEMBER, 1916 No. 12

# ALBANY MEDICAL ANNALS

## Original Communications

### "A LADY WITH A LAMP."

*An Address given at the Graduating Exercises of the Training School for Nurses of the Frederick Ferris Thompson Hospital, Canandaigua, N. Y., June 2, 1916.*

BY J. MONTGOMERY MOSHER, M. D.,
*Albany, N. Y.*

*"It is perfectly certain that all diseases without exception are preventable; or, if not so, that they can be so weakened as to do no harm. It is perfectly certain that all accidents are preventable; there is not one that does not arise from folly or negligence. All accidents are crimes. It is perfectly certain that all human beings are capable of physical happiness. It is absolutely incontrovertible that the ideal shape of the human being is attainable to the exclusion of deformities. It is incontrovertible that there is no necessity for any man to die but of old age; and that if death cannot be prevented, life can be prolonged far beyond the farthest now known."*

In "The Story of My Heart," a book not widely read, Richard Jefferies cries against the needless suffering of this world, and in this striking conclusion, indicates what should be the reasonable expectation of man. His morbid tone implies an unpleasant personal experience, and to the professional reader suggests a state which may be technically described as neurasthenic. But his assertion, comprehensive thought it be, cannot be lightly swept aside as the weary plaint of an invalid. He was a keen observer, and is said to have studied from youth "all the wonders of nature." The thought expressed that life of right should be free from pain, is startling, but when the causes of disease and accident are sought and analyzed, many are found avoid-

able, others give hope of relief in discoveries of the future, and the sweeping arraignment assumes the majesty of a profound truth. For the history of mankind is not a record of the faults of nature, but of violation of its stern and unrelenting laws. That this may be prevented, that the design of nature may be understood by everybody, everywhere, is the condition necessary to the fullest realization of the promise of life. Such consummation is distant. It is not now within our grasp. The problem of to-day is that knowledge of the principle be gained and effort made to bring nearer the desired end.

If Jefferies' indictment of civilization be valid now, it may be applied much more forcibly to conditions of the past two thousand years. Some vague traditions of toleration of the sick come down from ancient Egypt, Greece and India, and the Holy Roman Empire at the height of its glory, gave passing thought to the afflicted or weak. Hospitals were created only when Christianity turned the thought of man from attainment of power to the spirit of service, and not until the eighteenth century did science, sympathy and charity unite to relieve the distress of sickness.

The history of hospitals is the history of Christianity. Persecution of the early Christians awakened the sentiment of goodwill to men, which, at first the theoretical basis of faith, soon became its practical manifestation. The best Roman womanhood responded, and Marcella, Paula and Fabiola are recorded as active in propagation of the new doctrine of humanity. Of the patrician class, their apostacy violated custom and tradition as the ranking order still indulged a pagan fancy for the gruesome scenes of the arena. Fabiola, particularly, will remain a superb figure in history as the founder of the first hospital which she established in Rome in the fourth century. Despised and hunted, the fathers of the church abandoned the cities to gratify their longings in solitude. There were many followers into the wilderness, and about these voluntary exiles grew the monasteries, which early assumed the function of hospitals. The word is suggestive, for to the Roman the phrase "hospital" conveyed the idea of entertainment only; whereas, in the monastic ideal,

this was amplified into obligation to the helpless, forlorn, afflicted or outcast, from whatever cause.

The earlier hospitals as separate institutions were fostered by the church. In 1145 the Hospital of the Holy Ghost was opened at Montpellier, and with the approval of Pope Innocent III, the Santo Spirito was built in Rome. Nearly every city in Europe accepted the pontifical precept and the care of the sick was diverted from the monasteries. The growth and extension of this movement as well as its eventual transfer from ecclesiastical to municipal control were incident upon the great epidemics of the middle ages. In the fourteenth century sixty millions of human beings, one-fourth the population of the earth, died of the Black Death, or Plague. The Dancing Mania which followed, when the entire population of villages and cities joined in jumping processions of flagellants to the shrine of St. Vitus, is a pitiful reminder of the ignorance and superstition representing the curative art. Leprosy offered a problem not unlike that of tuberculosis to-day. The lepers at large were described as "Living Corpses; who wandered to and fro, muffled from head to foot; a hood drawn over the face, and carrying in the hand a bell, the Lazarus-bell, as it was called, through which they were to give timely warning of their approach, so that every one could get out of the way in time." Stevenson makes use of this in the disguise assumed by one of his heroes in a tale of the fifteenth century, and describes the terror inspired by the sight of the "white figure": "At every step the bell clanked. Face it had none; a white hood, not even pierced with eye-holes, veiled the head; and as the creature moved, it seemed to feel its way with the tapping of a stick. * * * He had been a tall man before he was bowed by his disgusting sickness, and even now he walked with a vigorous step. The dismal beating of his bell, the pattering of the stick, the eyeless screen before his countenance, and the knowledge that he was not only doomed to death and suffering, but shut out forever from the touch of his fellow men," filled the observer with awe and fear. It is estimated that there were nineteen thousand lazar houses in Europe in the thirteenth century.

Municipal hospitals retained the tradition of their ecclesiasti-

cal origin in their titles, as the hotels Dieu of Continental Europe, St. Bartholomew's and St. Thomas's in London, and many others. A great scourge had compelled action, and expediency and charity united to establish a form of public service destined to become universal.

Of medical knowledge in the middle ages there was none. Outside the monasteries there was little intellectual culture, which in the mediaeval mind was "childishly encyclopaedic; was turned to grammar and rhetoric, and made linguistic, so to speak—mere subjects for curious definition"—a fault from which the more accurate science of to-day is not altogether free. But monasticism kept alive the spark of human sympathy; the lamp of goodwill to men was lighted and its rays were gradually to spread throughout the world. This was the contribution of the dark ages.

The early hospitals were merely receptacles for the sick, who sought them in despair, or were thrust into them as a measure of public safety. As late as the nineteenth century they were a reproach, and in 1788 were characterized as "hot beds of disease." In the old Hôtel Dieu of Paris there were over twelve hundred beds, accommodating from four to six patients each, and eight hundred patients lay in the corridors on pallets or heaps of straw, with no separation of contagious diseases, and with no protection against filth, vermin or other abominations: "The average mortality was about twenty per cent., and recovery from surgical operations was a rarity." In some cities "physicians declined hospital service as equivalent to a sentence of death." And yet the bringing together of great numbers of sick people was to serve a useful end. Physicians learned that hospitals afforded opportunties for study and experience which enabled them to treat more successfully their remunerative patients. Thus arose the second function of the hospital, the investigation of disease. From such obscure and repellant beginnings has arisen the complicated system of clinical and laboratory observation of to-day.

The third and last function of the hospital, which more immediately concerns us, is the imparting of instruction. This advance began in the eighteenth century, when Prussia set aside

a hospital and a college to supply qualified surgeons for the army, and this example was followed in France in 1785 under the same spur of military necessity. Throughout Europe many different hospitals were opened to students before the end of the century. Those old-fashioned "clinics" well merit our admiration. The physician or preceptor, making his "rounds," was attended by a small group of students, whose attention he directed to the symptoms of disease, describing the treatment and the variations from day to day. The "old masters" were experts in observation, and from their close scrutiny, analysis and comparisons was derived much of the knowledge upon which practice is now founded.

In this way Auenbrugger and Laennec discovered methods of percussion and auscultation which have revealed the mysteries of affections of the chest; Bright analyzed and assigned an apparently discordant array of symptoms to disorder of the kidneys; Sydenham differentiated gout, scarlet fever, measles, dysentery, chorea and hysteria; and others, equally famed and respected as pioneers, placed clinical medicine upon a secure foundation.

This custom of "making the rounds" was adopted in the first hospital of America—the Pennsylvania Hospital. The anecdote is told of Dr. Rush, that entering the ward with his group of students, he stopped at the threshold, and directed attention to a patient: "Please to look yonder, in the corner of the room, where that poor man lies who has been so long and so dangerously ill. I wish you to note that he is now lying upon his side. That's all for the present." When they stood beside the bed, Dr. Rush continued: "You remember, young gentlemen, that when we entered the ward by yonder door, I stopped, and called your attention to the fact that this man was lying on his side, as you now perceive, and this was the first time for many days. I took it for granted that his strength was increased, as he could not have done so else; for a man in a low, nervous fever, entirely insensible, and barely still alive, can by no means change his dorsal to a lateral decubitus. I was much pleased, gentlemen, to observe this favorable omen from the door, and now you will find by his pulse, his breathing, his improved animation, for he

actually recognizes and speaks to us, that he is decidedly better, leading us to expect that the crisis is past, and that he will entirely recover, ere long." In Central New York, in the time of Dr. Rush, aspirants were taught by local practitioners. Among the early immigrants there was occasionally an educated physician; more often in the primitive community he was selected because of natural aptitude or a smattering of learning. Fortunate were they who were able to spend a few months in the hospitals of Boston, New York or Philadelphia. Among the students of Dr. Rush was one Claudius Collins Coan. Dr. Coan had gained, without assistance, his education at the Canandaigua Academy, and began his medical studies with Dr. Samuel Dungan. He walked twice from Canandaigua to Philadelphia to attend the hospital clinics, and afterward practiced sixty-five years at Ovid in Seneca county until his death at the age of eighty-eight years.

As medical colleges grew there was an unfortunate departure from this old system of bedside instruction, and the use of the word "clinic" was sadly perverted from its original significance. Lectures took the place of practical observation and for nearly a hundred years the value of hospitals in affording instruction has been subordinated, and their efficiency diminished, for there is no greater incentive to enthusiasm than that of teaching.

A generation ago hospitals were little known beyond the vague impression that the afflicted and distressed in mind or body were there gathered and isolated, and the world passed by little heeding the evolution of knowledge within the forbidding walls. And yet quietly and positively a great problem of civilization was working out of its own solution. In the seventeenth century a Jesuit priest, Athanasius Kircher, a very learned man, applied the microscope to the investigation of the causes of disease; and it is possible that he saw microörganisms. The new instrument was of some use in the study of minute anatomical structure, but two hundred years passed before bacteriology had its birth in the discoveries of Pasteur and Koch. The work of hospitals became at once of supreme importance and a new era was opened by the advent of a tangible science of prophylaxis or preventive medicine.

The phrase "preventive medicine" had been in vague use for

years before its real significance was understood. Bacteriology revealed a new world, that of the "infinitely small," and microscopic organisms were found to be active in causing disease and destroying life. Speculation and theory yielded to its exact demonstrations, and methods for control and prevention of disease were suggested and in many cases realized. Microscopical and bacteriological inquiry into the symptoms of each patient demanded complicated equipment and special training which has resulted in the elaboration of the hospital plant, and extension of resources to provide accommodation for all whose ailments require thorough investigation. The old barrier of social standing has been swept aside, and with the admission of the well-to-do, the hospital as an expression of charity has ceased to exist; it has become an institution for study and cure, and a center of instruction of the community in which it exists.

In its larger sense preventive medicine means immunity from disease. This is promised by the education of the individual and of the community to an understanding of the laws of health which lead to right living. It involves cleanliness of body and of thought, observation of moral and social laws, care of the person in exercise and rest, work and play, in eating and drinking, in warmth and cold; it comprehends personal hygiene and public sanitation, and considers all the agencies involved in the cultivation of correct nutrition and function of the human organism. The safety and prosperity of the public demand that the individual maintain in perfect condition his person and his habitation, and so conduct his life that no fault of his may endanger his neighbor. It is not enough that a few educated people lead hygienic lives; it is necessary that the practice of health be universal; and that all unite to avoid accidents and disease. For this an endless campaign of education and instruction is necessary, and the base of this campaign is the hospital.

Your own hospital was founded in memory of a man whose life was stamped by sincerity and earnest purpose. General Hubbard, in his Memorial Address, described Mr. Thompson as scorning pretense, and as knowing "the difference between success and supremacy," who would have been gratified had he known that this lasting memorial speaks for ceaseless industry

from year to year, in the alleviation of suffering. If, from any unavoidable cause, its work were to stop now, the good accomplished would be permanent and beyond computation. In twelve years, from the opening in June, 1904, to March 1, 1916, over six thousand patients have been relieved or comforted in distress. There have been, as an average, three visitors to each patient, so that approximately twenty-five thousand persons have gone away with better ideas of sickness and its meaning. This diffusion of knowledge is not the least of the benefits derived from such an institution. Perhaps in the future the problem will have been solved, and hospitals vanish, to yield to some other phase of the never-ending struggle for the uplift of mankind.

Advances in thought and knowledge originate in epochal discoveries. Jenner's accidental detection of vaccination, Lister's experiments in asepsis and Tyndall and Pasteur's annihilation of the doctrine of spontaneous generation established the principles upon which modern medicine is founded. But essential truths are ineffective until applied to use, and progress follows only when precept is translated into practice. It is admitted that medicine has been revolutionized by the methods of the last generation; to be more exact, it may be said that a new science, the science of health, has taken its place. The greatest single agency for disseminating knowledge of health is the trained nurse, medicine's greatest gift to humanity.

The dividing line between the function of the nurse and that of the physician is at times indistinct, and in certain circumstances this is necessarily so. Arbitrarily and officially the nurse is not permitted to make a diagnosis or to prescribe treatment. She is to apply measures directed by the physician. As the nurse and physician work side by side there is revealed a field for each. The nurse is skilled in certain manipulations which tend to the establishment or maintenance of normal function. Her ministrations are toward the conservation of strength and vitality of the patient. Except for some technical manipulations in surgery, she labors for the restoration of normal physiological conditions, which are disordered in sickness. This knowledge, valuable in controlling the damage done by disease, is no less effective in its prevention. The inexcusably large mortality of infants is to be

reduced by proper methods of care and feeding, and this duty falls largely upon the nurse. The disorders of nutrition in childhood may be anticipated by her discovery of minor defects. The growing appreciation of what she may accomplish in this direction is shown by the demand for her services in schools. Her work gives great promise of control of the communicable diseases of early life. The field of prevention grows with each advance, and in private and public, the nurse becomes the most potent agent in inculcating the laws of hygiene and sanitation. Her function in the sick room is now generally understood. This is further perfected in the training of to-day by instruction in the mental phases of disease, that anxiety, fear and other depressing and harmful emotions may be met and overcome by proper encouragement.

These peculiar capabilities create a demand outside the hospital. "Visiting nurses" are employed in the public health service of cities for ministration in the homes of the poor, and in rural districts this plan is in process of adoption. They teach better use of limited resources and indulgence in small comforts or luxuries, which stimulate self-respect; ignorance, poverty, and even vice yield to the practical beneficence which speaks for new ideas and higher ideals. The community is enriched by this service. Its extent is emphasized by the increase in trained nurses in the United States from two hundred in 1880 to one hundred thousand in 1916.

Executive and administrative capacity has qualified many trained nurses for positions of responsibility and command. The perplexing problems of institutions are best appreciated by nurses who have risen step by step through the various grades of duty and instruction, and the many hospitals of smaller communities owe their existence and their excellence to the availability of trained nurses as superintendents.

So each hospital, through its graduate nurses, spreads an influence beyond its walls to promote health and happiness. With school and church it becomes a definite unit of social organization, and as such is to be cherished. Though largely the creation of private charity, the hospital attracts increasing attention on the part of the government, as problems of health become matter

of public concern. This conception of the duty of the state has been seven hundred years in the making. The concessions of Magna Charta granted to each man the protection of life and property, and the struggle to maintain this right is a long record of war. The unexpected outbreak of the most terrible conflict of history has revealed how distant is the consummation. And yet, in the midst of strife there has been discerned, feebly in some places, distinctly in others, that not only the prosperity, but the integrity of nations, rests upon the physical and mental vigor of their members, and for the first time in the history of the world, attention is directed toward the conservation of the individual as an essential public policy. It has become evident that no nation is secure which ignores the health of its people. There may be difference of opinion, as to how this efficiency is to be attained; whether the human problem is to be solved by a despotism in which the individual is to be trained to kill or to resist the attempts of others to kill; or by a democracy in which each man must so conduct his life as not to endanger his neighbor. In either event the resources of medicine, for countless ages the private concern of the patient and the physician, attract the attention of the State; and the government is directly concerned in measures for the preservation and protection of health.

The nurse of to-day enters upon her work as a "missionary of sanitation." Her calling represents the present stage of progress of mankind. Criticism is not upon her technical training, which is equal to any just demand made upon it, but rather upon her personality and upon her freedom from conventional exactions. The vocation is new, and many modifications of practice will be made before its exact status is determined. There is danger that in the rapidly widening horizon of woman's activities, the superior endowment of the nurse will divert her from the care of the sick. The legitimate field is large enough, and the young graduate should resist all temptation to serve in the home as a companion or governess. The pioneer of modern nursing, Florence Nightingale, devoted her unselfish life to the relief of suffering. The change in thought following her service in the Crimean War has been compared with the difference between savagery and civilization. In civil life her thought was always

of the poor. As she passed from cot to cot in the frightful hospital at Scutari, she lighted herself about with a hand lamp, and the wounded and sick soldiers blessed her presence as they spoke in affectionate terms of the "Lady with the Lamp."

There is a custom in the Russian church which may be called "the Light of the World." At Christmas the congregation enters the darkened cathedral. A candle upon the altar is lighted, to represent the dawn of Christianity, and the gradual diffusion of spiritual enlightenment is demonstrated by the igniting of one candle from another until the edifice is brilliantly illuminated. The fortuitous incident of the "Lady with the Lamp," thus bears out the analogy, as its feeble rays were the first in the ever-increasing light of health and right-living which her disciples are spreading to the remotest corners of the earth. She recognized two laws only: the first, order and obedience; the second, exact and systematic training, by which alone knowledge and power can be acquired for the overcoming of vice and the bringing of help and relief to suffering humanity.

Thus are crystallized the obligations under which these young women undertake their mission. We may hope that none will fail, that none will find distractions, that none may be called to serve as martyrs to the cause. The ten Red Cross nurses who went down with the torpedoed ship crying "Fighting men first!" were of the same fibre and the same discipline as those who graduate to-night.

The martyred nurse, Edith Cavell, received her training and her inspiration under much the same conditions as those of your hospital in Canandaigua. There is no distinction in the service or the martyrdom, except that of opportunity. It is for the community to uphold and foster this institution—hospital and school—as a necessary element in its existence, welfare and prosperity. It is for these young nurses to hold fast to the traditions arising from the sublime devotion of Florence Nightingale, leaving a lasting impression, that the picture may always remain:

> "A Lady with a lamp shall stand,
> In the great history of the land,
> A noble type of good,
> Heroic Womanhood."

## Clinical and Pathological Notes

*Dislocation of the Fifth Metatarsal Bone.* By J. Lewi Donhauser, M. D.

H. R. B., age 19, college student, residing in Albany, complains of inability to walk, pain in left foot and swelling of upper and external portion of foot. Patient states that at about 5 P. M. of October 18th, while running for a car, he slipped and his ankle "turned over." The boy was not able to use his left foot immediately thereafter and had to be helped to the car. He was seen at 8 P. M. of the same evening. Examination of the left foot showed some swelling of the upper and external portion of the foot; there was marked tenderness over the plantar surface of the foot, especially in the neighborhood of the junction of the fifth metatarsal bone and the cuboidal bone; over this region there was a slight outward and upward deformity noted; on palpation the elevation of what appeared to be the metatarsal bone was pronounced. Traction was exerted in the long axis of the foot together with steady pressure on the elevated bone; with but little difficulty the dislocation was reduced, a sharp "click" being noted at apparent time of reduction.

Patient states that this same accident has happened a good many times and that he had always been able to reduce it himself.

## Editorial

"O dear, no, sir," said the forlorn man. "Nobody ever intrudes coming in here. I'm always happy to see gentlemen,—only, mostly. I'm so bad with the gout."

"Have you got a sharp touch of it just now, Mr. Stringer?"

"Not just to-day, sir. I've been a little easier since Saturday. The worst of this burst is over. But Lord bless you, sir, it don't leave me,—not for a fortnight at a time, now; it don't. And it ain't what I drink, nor it ain't what I eat."

"Constitutional, I suppose?" said Toogood.

"Look here, sir," and Mr. Stringer showed his visitor the chalk stones in all his knuckles. "They say I'm all a mass of chalk. I sometimes think they'll break me up to mark the scores behind my own door with." And Mr. Stringer laughed at his own wit.

*The Last Chronicle of Barset.* Anthony Trollope.

**The Recent Development in the Metabolism of Lipins.**

The word, fat, no longer suffices to define the heterogeneous group of substances which are generally grouped under this term on account of their solubility and physical nature. However, the term fat is misleading as one may wish to use it to define the chief substance of this group—that is, the true fats, glycerides of the fatty acids—or one may desire to use it in speaking of the whole group or any member of the group or mixture of them. Included under this group are the true fats, phosphatides —lecithin, cephalin, etc.—cholesterol and its esters, and related compounds.

Gies has suggested the word "lipin" to include all these substances. This term is good but has not come into common usage as yet. Bloor has recently suggested that the term "lipoid" be used and he uses it to include those substances connected with the metabolism of the fatty acids.

Our conception of the changes the lipins undergo at the beginning and the end of metabolism are fairly clear. We know that lipins are saponified in the intestine, absorbed as glycerol and fatty acids, resynthesized in the intestinal wall, passed into the lacteals as neutral fats, and finally enter the blood by means of thoracic duct. Regarding the later stage of lipin metabolism we have quite a satisfactory hypothesis. The lipins are transported to the liver and unsaturated unions are formed in the fatty acids. The unsaturated products are next found in the cells and possibly broken down where unsaturated links have been introduced. Lower acids are formed by successive oxidation at the carbon atoms, finally to the stage of acetic acid which is then completely burned to carbon dioxide and water.

Just what happens to the lipins from the time they enter the blood stream until they reach the desaturation stage we have had very little knowledge until recently. Since methods have been devised for the study of lipins in small quantities of blood further ideas have been gained, but at present these results are more or less exploratory. Methods are available at present for the determination of total fat lecithin, total cholesterol and cholesterol esters in small quantities of blood.

Bloor found that the fat of the chyle was different from fat

of the food ingested and the difference depended on the fat taken. If fat of food had a low iodine number and high melting point the fat of chyle had a higher iodine number and lower melting point and vice versa. Later he observed that the fat content of the blood increased after feeding fat and reached a maximum in six to eight hours. Injections of fat emulsions into blood caused only a slight change in fat content and the fat disappeared from blood in less than five minutes. This rapid disappearance of fat is thought to be due to temporary storage in some of the organs, probably in the liver.

In the study of lipins of the blood during absorption after fat feeding Reicher observed great increases in lecithin, cholesterol and the fat. Tenvine found a parallelium between the fat and cholesterol. Bloor, likewise, made some interesting observations. He found the variations of cholesterol were small. The lecithin, however, increased an average of twenty per cent and the increase in corpuscles was most marked, 144 per cent, while in the plasma it was less striking, varying from thirteen per cent to none. Along with this great increase of lecithin the fatty acids were increased and this seemed to indicate that the blood cells absorb the fat from the plasma and transform it into lecithin. This surprising degree of constancy between the fat and the lecithin may be taken as evidence that all the absorbed fat passes through the lecithin stage and, therefore, lecithin is the first stage in fat metabolism.

There is considerable literature on the lipins of the blood, but the results vary due to the different methods used and failure to take into consideration nutritional conditions. Bloor carried out complete analyses of the lipins of the blood on samples taken eight to sixteen hours after the last meal, when the blood was free from ingested or mobilized fat. In normal blood the lecithin fraction of the corpuscles was twice that of the plasma while the cholesterol and fatty acids are always lower in corpuscles than in the plasma. The value for lecithin in the corpuscles is generally twice that of the cholesterol while in the plasma they are nearly equal. The ratio between the lecithin and cholesterol is constant in normal blood, especially in the plasma and remains so in pathological conditions. This suggests a definite relation-

ship between the two and cholesterol most likely plays a part in lipin metabolism. The true fats are found only in small amounts in the plasma and in the corpuscles are almost absent.

The most characteristic pathologic condition of lipins of the blood is the increase of fatty acids and true fats in both plasma and corpuscles and a decrease of lecithin in the plasma. Since fat is probably the inactive form of the body lipins—the form in which is stored raw material of lipin metabolism—and the lecithin is the first stage in its utilization, an undue accumulation of fat or decreased value of lecithin indicates diminished activity of lipin metabolism. The ratio of lecithin to cholesterol is almost always a constant. In severe diabetes the blood lipins are greatly increased, but the ratios are practically normal. The low values for cholesterol which are found in anemia are suggestive of antihemolytic effects which are attributable to cholesterol.

Likewise, the low values for phosphatides in the plasma of hemophilias are suggestive, for as Howell pointed out that the phosphatide cephalin is associated with blood coagulation and injections of it into the circulation are known to give evidence of clot promoting potency.

The outline given above suffices to indicate the value of the latest application of lipin analyses to the blood, not only for the study of some of the intermediate stages in the normal lipin metabolism but also for the study of the changes occurring in pathological conditions.

ARTHUR KNUDSON.

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## Public Health

**Edited by Arthur Sautter, M. D.**

DEPARTMENT OF PUBLIC SAFETY, BUREAU OF HEALTH, ALBANY, N. Y.
ABSTRACT OF VITAL STATISTICS, OCTOBER, 1916.
COMPILED BY WILLIAM F. FULLGRAFF, REGISTRAR.

*Deaths*

| | |
|---|---|
| Consumption | 18 |
| Typhoid fever | 1 |
| Scarlet fever | 0 |
| Measles | 0 |
| Whooping cough | 0 |

| | |
|---|---|
| Diphtheria and croup | 0 |
| Grippe | 1 |
| Diarrheal diseases | 8 |
| Pneumonia | 5 |
| Broncho-pneumonia | 3 |
| Bright's disease | 13 |
| Apoplexy | 9 |
| Cancer | 11 |
| Accidents and violence | 11 |
| Deaths under 1 year | 17 |
| Deaths over 70 years | 26 |
| Death rate | 16.05 |
| Death rate less non-residents | 13.95 |

*Deaths in Institutions.*

| | Non-Resident. | Resident. |
|---|---|---|
| Albany Hospital | 9 | 15 |
| Albany Hospital Camp | 3 | 5 |
| St. Peter's Hospital | 6 | 4 |
| Homeopathic Hospital | 2 | 3 |
| Child's Hospital | 1 | 1 |
| Albany County Hospital | 1 | 1 |
| Maternity Hospital | 1 | 4 |
| St. Margaret's House | 3 | 0 |
| Home of Friendless | 0 | 1 |
| Hospital for Incurables | 1 | 0 |
| Home for the Aged | 0 | 1 |
| Public places | 1 | 1 |
| | 28 | 36 |

| | |
|---|---|
| Births | 173 |
| Still births | 4 |

Bureau of Communicable Disease.

*Cases Reported.*

| | |
|---|---|
| Typhoid fever | 6 |
| Scarlet fever | 3 |
| Diphtheria and croup | 8 |
| Chickenpox | 12 |
| Measles | 4 |
| Whooping-cough | 0 |
| Tuberculosis | 30 |

| | |
|---|---|
| Mumps | 3 |
| Anterior poliomyelitis | 12 |
| Total | 78 |

Number of days quarantine for scarlet fever:
Longest..... 30 Shortest..... 30 Average..... 30
Number of days quarantine for diphtheria:
Longest..... 18 Shortest..... 18 Average..... 18
Fumigations:
Houses.....26 Rooms..... 247
Milk bottles disinfected ..... 69

*Communicable Disease in Relation to Schools.*

| | Reported D. | Death. I. P. | M. IP. |
|---|---|---|---|
| Lady Help of Christians | 1 | 0 | 0 |
| Albany Orphan Asylum | 6 | 0 | 0 |
| Albany Female Academy | 0 | 1 | 1 |
| Public School No. 16 | 0 | 2 | 0 |

TUBERCULOSIS.

| | | |
|---|---|---|
| Living cases on record October 1, 1916 | | 619 |
| Cases reported: | | |
| By card | 29 | |
| Dead cases by certificate | 2 | |
| | | 31 |
| | | 650 |
| Dead cases previously reported | 16 | |
| Dead cases not previously reported | 2 | |
| | | 18 |
| Living cases on record November 1, 1916 | | 632 |
| Total tuberculosis death certificates filed during October, 1916 | | 18 |
| Non-resident deaths: | | |
| Albany Hospital Camp | | 3 |
| Resident deaths | | 15 |

*Visits to Cases of Communicable Disease.*

| | |
|---|---|
| Tuberculosis | 16 |
| Poliomyelitis | 3 |
| Ophthalmia neonatorum | 2 |
| | 21 |

| | |
|---|---|
| Physicians visited | 11 |
| Visits to quarantined houses | 10 |
| Investigations | 124 |

BUREAU OF PATHOLOGY

*Bender Laboratory Report on Diphtheria.*

| | |
|---|---|
| Initial positive | 26 |
| Initial negative | 338 |
| Release positive | 6 |
| Release negative | 56 |
| Suspicious | 10 |
| No growth | 8 |
| Total | 444 |

*Test of Sputum for Tuberculosis.*

| | |
|---|---|
| Positive | 15 |
| Negative | 63 |
| Total | 78 |

*Widals.*

| | |
|---|---|
| Positive | 0 |
| Negative | 26 |
| Suspicious | 6 |
| Unsatisfactory | 3 |
| Total | 35 |
| Wasserman tests | 121 |
| Milk analyses | 18 |

BUREAU OF NUISANCES.

| | | |
|---|---|---|
| Complaints made | | 61 |
| Inspections | | 66 |
| Plumbing | 30 | |
| Sanitary | 36 | |
| Reinspections | | 87 |
| Plumbing | 18 | |
| Sanitary | 69 | |

*Hearings.*

| | |
|---|---|
| Cases heard before health officer | 2 |
| Nature of cases: | |
| Filthy premises | 2 |

| | |
|---|---|
| Disposition of cases: | |
| Ordered for reinspection | 1 |
| Abated | 1 |

Bureau of Plumbing, Drainage and Ventilation.

| | |
|---|---|
| Inspections | 211 |
| Old houses | 60 |
| New houses | 151 |
| Permits issued | 133 |
| Plumbing | 90 |
| Building | 43 |
| Plans submitted | 46 |
| Old buildings | 5 |
| New buildings | 41 |
| Houses tested | 66 |
| Blue or red | 8 |
| Peppermint | 4 |
| Water tests | 54 |
| Houses examined | 28 |
| Re-examined | 69 |
| Valid | 15 |
| Without cause | 13 |

Bureau of Dead Animals.

| | |
|---|---|
| Horses removed | 28 |
| Dogs removed | 218 |
| Cats removed | 466 |
| Total | 712 |

Bureau of Markets and Milk.

| | |
|---|---|
| Public market inspections | 23 |
| Market inspections | 135 |
| Fish market inspections | 14 |
| Slaughter house inspections | 3 |
| Hide house inspections | 4 |
| Milk depots inspected | 8 |
| Milk houses inspected | 95 |
| Milk cans inspected | 188 |
| Dairies inspected | 104 |
| Cows examined | 1,102 |
| Cows quarantined | 7 |
| Cows removed | 3 |
| Lactometer readings | 0 |
| Fat tests | 25 |

| | |
|---|---|
| Sediment tests | 84 |
| Chemical tests | 25 |
| Bacterial counts | 25 |
| Special bacterial examinations | 12 |
| Complaints investigated | 2 |
| Meat inspected | 1,105 lbs. pork |

MISCELLANEOUS.

| | |
|---|---|
| Cards posted for contagious disease | 21 |
| Cards removed | 16 |
| Notices served on stores | 3 |
| Notices served on factories | 2 |
| Postal card returns sent to doctors | 21 |
| Inspections and reinspections | 35 |
| Work certificates issued to children | 63 |
| Vaccinations | 158 |
| Cases assigned to health physicians | 62 |
| Calls made | 140 |
| Garbage collected from 1st District | 818 bbls. |
| Garbage collected from 2d District | 588 bbls. |
| Garbage collected from 3d District | 692 bbs. |

(Garbage report for September and October.)

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## Medical News

**Edited by Arthur J. Bedell, M. D.**

ALBANY GUILD FOR THE CARE OF THE SICK.—DEPARTMENT OF VISITING NURSING.—STATISTICS FOR OCTOBER, 1916.—Number of new cases, 199; classified as follows: Dispensary patients receiving home care, 23; district cases reported by health physicians, 1; charity cases reported by other physicians, 28; moderate income patients, 71; metropolitan patients, 76; old cases still under treatment, 503; total number of cases under nursing care during month, 702. Classification of diseases for the new cases: Medical, 30; surgical, 19; gynecological, 10; obstetrical under professional care—mothers 51, infants 42; eye and ear, 3; skin, 3; throat and nose, 1; dental, 0; infectious diseases in the medical list, 38; surgical list, 2. Disposition: Removed to hospitals, 17; deaths, 24; discharged cured, 134; improved, 14; unimproved, 15; number of patients still remaining under care, 498.

*Special Obstetrical Department.*—Number of obstetricians in charge of cases, 2; students in attendance, 3; nurses in attendance, 2; patients carried over from last month, 0; new patients during month, 4; patients discharged, 3; visits by head obstetrician, 0; attending obstetrician, 23; students, 24; nurses, 35; total number of visits for this department, 82.

*Visits of Guild Nurses* (all departments).—Number of visits with

nursing treatment, 1,261; for professional supervision of convalescents, 930; total number of visits, 2,191; paid patients, 843; charity patients, 318; unrecorded patients, 930; cases reported to the Guild by 1 health physician, and 59 other physicians, graduate nurses 7, certified nurses 2, pupil nurses 7 on duty.

*Dispensary Report.*—Number of clinics held, 88; new patients, 93; old patients, 297; total number of patients treated during month, 390. Classification of clinics held: Surgical, 13; nose and throat, 6; eye and ear, 19; skin and genito-urinary, 8; medical, 11; lung, 9; dental, 0; nervous, 4; stomach, 3; children, 7; gynecological, 8.

Medical Society of the County of Albany Motion Pictures.—The Medical Society of the County of Albany presented a remarkable collection of motion pictures taken in the European war hospitals, in the Auditorium of the State Education Building, Wednesday evening, November 1, 1916, at 8.30 p. m. These pictures showed Dr. Alexis Carrel demonstrating the latest operative procedures and his new method of sterilization of wounds, Dr. Sollier of Lyon showing numerous types of functional diseases contracted by the exposure and nervous strain of trench life as well as the curative exercises, Surgeon-Major Pont demonstrating plastic surgery for restoration of the face, also other scientific films of interest to the medical profession.

Medical Society of the County of Schenectady.—A regular meeting of the Medical Society of the County of Schenectady was held in its rooms in the New County Building, November 14, 1916, at 8.30 o'clock.

The following papers were presented: "Open Operation in Fractures not Requiring Mechanical or Splint Support." W. L. Wallace, M. D., and Carlton F. Potter, M. D., of Syracuse; "A Study in Interpretation of X-Ray Plates of the Lungs," C. W. Woodall, M. D.

Election of Officers of the State Board of Medical Examiners.—At a meeting of the State Board of Medical Examiners held at the State Education Building, Dr. Willard J. Denno, of Albany, was re-elected secretary of the Board. Dr. Arthur J. Booth, of Elmira, was chosen president, and Dr. Lewis S. Pilcher, of Brooklyn, vice-president.

A conference was held between the Board and representatives of the State Medical Society when steps were taken to have legislation introduced at the next session of the Legislature, which will make it impossible for any but regular practitioners to treat disease in this State.

Meeting of Rensselaer County Health Officers.—At a conference of health officers of Rensselaer county held at the Hotel Rensselaer, Troy, Dr. Charles S. Prest discussed "The Tuberculosis Hospital Referendum in Rensselaer County." Dr. Linsly R. Williams, deputy state health commissioner, spoke on "The Early Diagnosis of Tuberculosis."

Dr. F. L. S. Reynolds, superintendent of the Lakeview Sanatorium, also spoke. William Leland Thompson, chairman of the Rensselaer county new sanatorium campaign committee, received a letter from Senator James W. Wadsworth, Jr., endorsing the work that the committee has done in Rensselaer county.

Clinical Congress of Surgeons of North America.—The seventh annual meeting of the Clinical Congress of Surgeons of North America was held at the Bellevue-Stratford Hotel, Philadelphia, October 23d to 28th.

American Chemical Society.—A meeting of the American Chemical Society, section of eastern New York, was held at the Albany Medical College on Friday, October 20th, at 8.15 p. m. The following papers were read: "Recent Methods in the Study of Proteins, with Demonstrations," by Mr. P. A. Kober; "Remissions in Leukemia Produced by Radium in Cases Completely Resistant to X-Ray and Benzol," (a) clinical study by Dr. Thomas Ordway; (b) metabolism study by Prof. Arthur Knudson and Mr. Theodore Erdos; "Recent Development in the Bio-Chemical Study of Lipins," by Prof. A. Knudson.

Conference on Neurosyphilis and Its Treatment.—The trustees of the Grafton State Hospital announced that the neurosyphilis wards of the Worcester department were opened for inspection on November 17, 1916, and the following papers were read by the Pathological Service of the Massachusetts Commission on Mental Diseases: "Remarks," Dr. A. Post, professor emeritus of syphilis, Harvard Medical School; "Syphilis and the Problem of the Massachusetts Commission on Mental Diseases," Dr. G. M. Kline, director of the Commission; "Response for the Grafton State Hospital," Dr. J. V. May, superintendent Grafton State Hospital; "Results of Systemic Treatment of Fifty Cases of Cerebral Syphilis (Parenchymatous and Meningovascular)," Dr. H. C. Solomon, investigator in Neurosyphilis, Massachusetts Commission, and acting clinical psychiatrist, Psychopathic Hospital; "Syphilis and Epilepsy," Dr. D. A. Thom, assistant pathologist, Massachusetts Commission; "Demonstration of Specimens in a Case of General Paresis having Catatonic Symptoms," Dr. Harold I. Gosline, pathologist, Worcester State Hospital; "General Results," Dr. E. E. Southard, pathologist, Massachusetts Commission, and director, Psychopathic Hospital.

Paralysis Decreasing.—The epidemic of poliomyelitis in New York has decreased steadily since the 1st of October. For the week ending October 8th, there were reported only 90 cases, giving a daily average of 15. On that date there were in the hospitals 1,537 patients suffering with the disease. In the other parts of the State and in New Jersey

also the same decrease was noted. Federal inspection of interstate travel to and from New York, which was begun last July, was discontinued on October 3d, under instructions from Surgeon-General Blue of the United States Public Health Service.

State Plans After-Care of Infantile Paralysis.—Dr. Linsly R. Williams, Albany, deputy State commissioner of health, has announced a comprehensive plan for the after-care of infantile paralysis patients. He announces that Dr. Robert W. Lovett, Boston, will co-operate with the State Health Department, and that clinics will be held in various places throughout the State where persons who have the disease may come for advice and treatment.

Poliomyelitis Records.—Bulletin No. 43 of the health department gives records of the case fatality, hospitalization and crippling from poliomyelitis during the past summer. The true cases of poliomyelitis numbered 8,927 and the total number of deaths, 2,343, or a case fatality of 26.24 per cent. The patients treated in the hospitals of the department of health numbered 4,474, with a case fatality of 14.59 per cent. The patients admitted to twenty-seven other hospitals in the city numbered 2,663, and showed a case fatality of 14.53 per cent. The patients treated at home numbered 2,040 and showed a case fatality of 63.87 per cent. This high case fatality was mainly due to the fact that these cases were of the severest type. From August 21st to October 13th there were discharged from the hospitals of the department of health 2,058 patients. Of these, 66 per cent showed evidences of paralysis of some degree; 18 per cent showed that paralysis had wholly disappeared, while 15 per cent had not shown paralysis at any time in the course of the disease.

Ice Cream Starts Epidemic.—An epidemic of typhoid fever is reported in Harrisburg, Pa., 400 cases having occurred in the city and vicinity. It is thought that ice cream made from contaminated milk has been the main factor in the spread of the disease.

Paratyphoid Among New York Troops.—Of 1,100 men of the Fourteenth regiment who left for Texas, 130 have been or are ill with paratyphoid fever. Of the 1,600 men in the Seventy-First regiment, there have been to date fourteen cases of paratyphoid fever. The returning troops were ordered to Camp Whitman and while there a large amount of laboratory work was done by the New York State Department of Health. The examination of 850 stools revealed forty carriers, many without any history of illness. Before returning to New York all members of the Fourteenth and Seventy-First regiments received one dose of paratyphoid vaccine. In the case of the Fourteenth, because of the high degree of infection, a complete vaccination was insisted upon. After

returning to New York, the troops were kept at the armory, under supervision for two weeks, before being mustered out. The chronic carriers have been made known to the board of health, and will be under their supervision. The vaccination of the families of these carriers will also be carried out by the department of health.

Prevention of Blindness.—The second annual meeting of the National Committee for the Prevention of Blindness was held, November 24th, in the Academy of Medicine, New York, under the presidency of William Fellows Morgan. The principal address was delivered by Surg. John McMullen, U. S. P. H. S., who described his campaign against trachoma.

Fever Commission Returns.—The Yellow Fever Commission of the Rockefeller Foundation, headed by Maj.-Gen. William C. Gorgas, Surgeon-General, U. S. Army, returned from its tour of investigation in South America, arriving in New York, September 25th. The commission has thus far visited Ecuador, Peru, Colombia and Venezuela. No yellow fever was found excepting at Guayaquil, Ecuador, where thirty deaths occurred during June and July. October 7th, the commission sailed again to study the situation in eastern South America and the Amazon valley; eventually it will go to Mexico and Yucatan.

Centralization of Red Cross.—The demand for the courses of instruction conducted under the direction of the National Committee on Red Cross Nursing Service has developed so rapidly that some of the Red Cross chapters in the larger cities have organized teaching centers. This centralization of instruction has been found to result in greater economy, more uniform teaching, better control, and better classification of those who complete the courses. Centers have already been established in Cincinnati, Chicago, Los Angeles, and New York. To facilitate the dissemination of information about the needs of European war sufferers among its chapters, the American Red Cross has established a special bureau in the Metropolitan Tower, New York.

Health Insurance.—A public meeting on compulsory health insurance was held under the auspices of the Committee on Medical Economics of the Medical Society of the State of New York at the Academy of Medicine, 17 West Forty-Third street, New York City, on Thursday evening, November 23d.

American Medical Editors' Association.—The forty-seventh annual meeting of this association was held at the Hotel McAlpin, New York City, October 25th and 26th, under the presidency of Dr. Edward C. Register, Charlotte, N. C.

Personals.—Dr. William O. Stillman (A. M. C. '78), Albany, has been re-elected president of the American Humane Society.

—Dr. Wilber F. MacDonald (A. M. C. '15), is engaged in active practice at Delanson, N. Y.

—Dr. Percy H. Austin (A. M. C. '15), is assistant to Dr. Andrew MacFarlane at 274 State St., Albany.

—Dr. Fred Vosburgh (A. M. C. '15), has been appointed attending physician to the Northern Iron Company at Standish, N. Y.

Married.—Dr. Thomas A. McGrath (A. M. C. '09), Hoosick Falls, and Miss Whitkoop were married on October 10, 1916.

Died.—Dr. Owen J. Evans (A. M. C. '62), Minneapolis, Minn., formerly a Fellow of the American Medical Association, a veteran of the Civil War, in which he served as surgeon of the Fortieth New York Volunteer Infantry, once vice-president of the Minnesota State Medical Association and president of the Hennepin County Medical Society; a member of the city council of Minneapolis; from 1872 to 1882 health officer of Minneapolis; died suddenly October 17, 1916, aged 76.

—Dr. Joseph R. Brown (A. M. C. '68), Seward, N. Y., a Fellow of the American Medical Association, a veteran of the Civil War, and acting assistant surgeon U. S. Army until 1887; health officer of the town of Seward, and since 1897 postmaster; died at his home October 13, 1916, from arterio-sclerosis.

—Dr. Wellington G. Steele (A. M. C. '86), Mongaup Valley, died after a week's illness at his home on September 10, 1916.

## In Memoriam

Wellington G. Steele, M. D.

The death of Dr. Steele, which occurred at his home in Mongaup Valley, N. Y., September 10, 1916, will cause a sense of loss and distress on the part of his classmates of the Class of 1886 of the Albany Medical College, with whom he joined in the celebration of their thirtieth anniversary in Albany last June. At that time Dr. Steele appeared in good health, and spoke of the satisfaction and success of his professional career. His last illness was of a week only, and his death resulted from edema, due to acute laryngitis.

Dr. Steele was born at Morston, near Livingston Manor, July 19, 1855, a son of the late William E. and Louise Hotchkin Steele. He was therefore in the sixty-first year of his age. He entered the Albany Medical College after preparation in the public schools at his home. After his

graduation he returned to Mongaup Valley, and took up the practice of the late Dr. Purdy. His career was a very active one. He was health officer of the town of Bethel from 1899 until his death, and his duties there added greatly to the demands of a large and active practice. It was thought that the strain of his work undermined his health and that the infection from which he died was contracted from a patient in his care. He was also health officer of the adjoining town and had been president of the Sullivan County Medical Society.

Dr. Steele is survived by his wife, one son, Edson Hun Steele, a student in the Albany Medical College, and four daughters.

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### Owen Jason Evans, M. D.

Dr. Owen Jason Evans, an alumnus of the Albany Medical College of the Class of 1862, died suddenly in Minneapolis on October 17, 1916, as he was in the act of greeting Civil War comrades who were his guests at a banquet in the G. A. R. hall at the court house. The cause of death was heart disease.

Dr. Evans was born at Remsen, N. Y., February 5, 1840, and after completing the course at the Rome Academy, entered the Albany Medical College. During the same week in which he received his medical diploma he accepted a commission as assistant surgeon in the Fortieth New York Volunteer Infantry with the rank of first lieutenant. He served with the Army of the Potomac until after the battle of Chancellorsville, when he was detailed as a member of the surgical staff of the brigade. Before his discharge he was promoted to be surgeon of his regiment.

After the war Dr. Evans settled in Minneapolis and began the practice of his profession, in which he was active until about fifteen years before his death. He was at one time vice-president of the Minnesota State Medical Society, and president of the Hennipen County Medical Society. He was quite active in municipal affairs, and was elected to the city council in 1875. He was the last surviving member of the city council which granted the street railway franchise, the last surviving charter member of both the State and County Medical Society, and was next to the oldest member of the Westminster Presbyterian Church. In the year of 1884 he was elected to the State Legislature, and was energetic in placing the beautiful Minnehaha park as a state park. He was also city health officer for two terms from 1878 until 1882, and in 1881 was a member of the city board of education. He married in 1869 Miss Elizabeth Dodge, of Princeton, Ill. His wife died in 1879, and in 1890 he married Miss Tamazine McKee, who survives him. There were no children.

WILLIAM DAVID ALDRICH, M. D.

*Albany Medical Annals*
*December, 1916*

Dr. Evans is described as having been an inveterate joker. One particular hobby was horses. He suffered for years from some painful ailment of the leg, but did not permit this to overcome his invariable cheerfulness. At his death he had the respect of the community of which for such a long time he had been an active and influential member.

## William David Aldrich, M. D.

William David Aldrich, M. D., was born in Weavertown, Warren county, N. Y., July 6, 1883; the son of Dr. W. W. Aldrich and Cora E. Wadell. His father was and still is an active practitioner in this village.

Dr. Aldrich, Jr., received his preliminary education in the Weavertown village school, and when it came time was sent to the high school at Warrensburg. Upon graduation from the Warrensburg High School he entered the Troy Conference Academy for a couple of years, among his schoolmates at that time being Dr. Royal E. LaGrange, now practicing at Fort Ann, N. Y. From the Troy Conference Academy he went to Syracuse University intending to fit himself for a physician's place in the world, entering with the Class of 1909, but at the end of one year's work the goal seemed to be so far away that he left Syracuse University and entered the following September (1906) in the Albany Medical College, where he continued his studies for the succeeding four years with avidity, graduating well up toward the head of his class in May, 1910.

While in Syracuse University he became a member of the Beta Theta Pi Fraternity, and when he entered the Albany Medical College he joined the Medical Fraternity of Nu Sigma Nu.

With a desire for a broader view of medicine he tried the examinations for interne at the Albany Hospital and received an appointment which occupied his attention until July, 1911. At the hospital during his interneship every one from superintendent down remarked at his sunny disposition and even manners, there being never a time when he seemed to lose his head no matter how great the emergency.

During the last few months of his service there he remarked one day his desire to delve further into the mysteries of the medical and surgical lesions of kidney and bladder origin, and so at the finish of his internship he became associated with Dr. James N. Vander Veer and remained with him until a few weeks before his death.

He had served as Assistant Attending Genito-Urinary Surgeon for males from April, 1915, until his death, in the Albany Hospital, and was the Attending Urologist, surgical for males, in the out patient department of the same, and was first a lecturer on genito-urinary surgery in the Albany Medical College until 1914, when the reorganization took place, and then he became an instructor in genito-urinary surgery.

He was a member of various organizations, among them being the University Club of the city of Albany, Masters Lodge, No. 5, F. & A. M.,

of DeWitt Clinton Council; of the Capital City Chapter, Temple Commandery, No. 2, K. T., and Cyprus Shrine in the Masonic bodies. He was also an Odd Fellow, being a member of the Johnsburgh Lodge.

His taking away is rather sad when it is known that on September 24th, being Sunday, he had a mild attack of acute plastic pleurisy, undoubtedly due to infection from a boil which he had also on the end of his nose and within the left nostril. On Monday he was distinctly worse and the infection rapidly invaded and undermined his system and a general septicaemia resulted. With the development on Tuesday morning of a thrombosis of the right cavernous sinus, there followed immediately an acute purulent meningitis that ended in death early Thursday morning, the 28th of September. The autopsy showed the virulency of an organism at certain times, for, cultures taken from the boil, from his heart blood, and from the spinal fluid and other parts, showed simply the presence of the staphylococcus aureus. J. N. V.

## Current Medical Literature

### REVIEWS AND NOTICES OF BOOKS

*Formulaire Magistral Bouchardat*, 35e édition revue et augmentée de formules nouvelles, par G. Bouchardat, membre de l'Académie de Médecine et F. Rathery, professeur agrégé à la Faculté de Médecine de Paris, médecin des hôpitaux. 1 vol. in-18 de 708 pages, cart. à l'anglaise, 4 francs (Paris, Librairie Félix Alcan).

In a handy pocket-sized volume, the authors discuss prescription writing, giving many formulas accepted in France; they also describe the use of antidotes for poisoning, the qualities of the various mineral waters, natural and artificial, with notes on organotherapy, serotherapy, vaccination, general hygiene, and the dietetics of diabetes.

This edition has been thoroughly revised and enlarged by the addition of many points in practical therapeutics and hygiene.

L. W. G.

*Les Allemands et la Science*, par le Professeur Gabriel Petit, d'Alfort, et Maurice Leudet, du *Figaro*. Préface de M. Paul Deschanel, de l'Académie française, Président de la Chambre des Députés, 1 vol. in-16, 3 fr. 50 (Paris, F. Alcan, éditeur et chez tous les Libraires).

In reply to the claim for moral and intellectual superiority in Europe, which was prepared and signed by ninety-three representatives of German Science and Art, the French Academy of Sciences protested vehemently, but tersely.

It proclaimed that "the Latin and Anglo-Saxon civilizations are those which for three centuries have produced the majority of the great discoveries in the mathematical, physical and natural sciences, as well as being responsible for the principal inventions of the nineteenth century."

The authors have sought to bring proof of the above statement by collecting in one volume the opinions of some twenty-nine French scholars and scientists regarding the relations of the Germans to Science.

In the beautifully written introduction, M. Deschanel points out that one must distinguish inventive genius from the work which follows a discovery, such as application, universal organization of an industrial and commercial nature. He admits candidly that it is in the application and organization that Germany excels, and says France should learn from her.

Creation, however, he states, belongs to France especially, and to prove this enumerates a convincing list of the brilliant men who have been pioneers in every field of Science.

He mentions, among others, Ampére, who created electrodynamics; Fourier, known for his theory of heat; Lavoisier, the greatest of chemists; Hauy, founder of mineralogy; Fresnel, noted for his undulatory theory of light; Becquerel and Curie, distinguished for their work with radio-active substances; Daguerre, the discoverer of photography; Seguin, who developed the tubular engine, and made possible railroad extension; Forest and Levassor, who invented the motor driven by explosions, which led to automobiles; Marey, Renard and Santos Dumont, who were pioneers in aviation; Deville, who gave to industry a new metal aluminum, and from whom came the theory of dissociation, the corner stone of physical chemistry; Pasteur, first a pure chemist, then a biological chemist, who transformed medicine and surgery; Claude Bernard and Brown-Sequard, distinguished physiologists; Laveran, who discovered malaria; Richet, who introduced serum therapy and first recognized anaphylaxis, and Bordet, who devised the complement fixation test.

Of special interest to the physician are the chapters which deal with clinical teaching in France and Germany, and a comparison of French and German surgery. L. W. G.

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*Diseases of the Digestive Tract and Their Treatment.* By A. Everett Austin, A. M., M. D.; former Professor of Physiological Chemistry at Tufts College, University of Virginia and University of Texas; present Assistant Professor of Clinical Medicine, in charge of Dietetics and Gastrointestinal Diseases, Tufts College; member of American Gastroenterological Association and American Society of Biological Chemists; Physician to Mt. Sinai Hospital and Berkeley Infirmary, and Assistant to Boston Dispensary; author of "Manual of Clinical Chemistry," etc. With eighty-five illustrations, including ten color plates. St. Louis, C. V. Mosby Co., 1916.

In this work on the diseases of the gastro-intestinal tract, the author presents in a class in a clear pleasing manner the special facts related to

this branch of internal medicine. Throughout there is an effort to give methods of diagnosis which have proved effective from personal experience. This is especially the case in the chapters dealing with the analyses of gastric contents and examination of the stools, where the previous experience of the author in physiological chemistry is clearly manifested by the clear and accurate handling of these topics.

The fallacy of specialism and the making of diagnoses upon a single refined laboratory procedure is pointed out. History, physical examination, chemical analysis and radiographic study receive full consideration in each disease, without undue dependence being placed upon any one of these when taken alone.

With regard to new, and as yet unproved, theories, the author takes a conservative position. Among those which he will not accept is that of Ileal stasis, which seems altogether too common to indicate a true pathologic condition."

The diagnostic value of fractional determinations of the gastric juice is not mentioned, no doubt because the very recent introduction of this method has made experience with it limited.

The subject of treatment is carefully dealt with, embracing dietetic, physical and medicinal measures.

The book of five hundred and fifty-two pages contains eighty-five illustrations, a number of which are excellent reproductions of X-ray photographs of the stomach or intestines.

L. W. G.

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*The Treatment of Infantile Paralysis.* By Robert W. Lovett, M. D., Professor of Orthopedic Surgery Harvard Medical School, etc., with 113 illustrations. P. Blakiston's Son & Co., Philadelphia.

A monograph on the treatment of infantile paralysis is a timely publication; and when written by an authority on the subject, such as Dr. Lovett is known to be, it is of special value. In the present work there are 163 pages of subject matter including 113 illustrations and an index. The first chapter of the book discusses the pathology, symptoms, types, etc., of infantile paralysis. The following chapters then discuss the treatment of the acute phase of the disease, the convalescent phase, and the chronic phase. A special chapter is devoted to the operative treatment of the deformities of infantile paralysis, and another chapter is concerned with treatment by muscle training. The last chapter of the book describes the spring balance muscle test that Dr. Lovett has found of great value in his work. The book is one that should be read by everyone interest in the subject.

J. M. B.

*Skin Grafting.* By LEONARD FREEMAN, B. S., M. A., M. D., Professor of Surgery in the Medical Department of the University of Colorado, Surgeon to St. Joseph's Hospital, The National Jewish Hospital, and the City Hospital, Denver Colorado. Published by C. V. Mosby Co., 1912, St. Louis.

This little book of 139 pages is a complete little work on skin grafting. The various methods are discussed thoroughly and the citation of cases is so interwoven with the description of the methods employed as to lend interest and true worth to the subject. The literature of skin grafting is quite completely gone over in the text. The illustrations, though not numerous, are sufficient for an understanding of the subject and the discussion of the experimental work, though brief, is to the point. It should be in the library of every surgeon. J. L. D.

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*Emergency Surgery.* By JOHN W. SLUSS, A. M., M. D., Associate Professor of Surgery, Indiana University School of Medicine, ex-Superintendent Indianapolis City Hospital, Surgeon to the City Hospital. Published by P. Blakiston's Son & Co., Philadelphia, Pa.

This book of 832 pages is a rather extensive compend of a book on general surgery rather than one limited to the emergent type of surgery. It is well bound, well illustrated, and its text is well written. It brings before the reader's mind a great many important subjects in a concise and simple manner. It may be used by the general practitioner as well as the student of medicine. As a true text book of surgery it is too brief and does not contain many of the details of any one subject. The writer is perhaps a little too enthusiastic in some of his advice to the general practitioner regarding those who should do light and heavy surgery and he does not perhaps lay sufficient emphasis upon the preliminary training which is essential for those who expect to do "Heavy Surgery."

If the author had confined his entire attention to that realm of surgery called "Emergency Surgery," the book would have covered the subject quite completely.

The reviewer, however, heartily recommends it to the student of medicine as a good book of reference for the emergent domain of surgery; he does not recommend it as a work to be extensively followed in the elective field of surgery. J. L. D.

## NEW YORK STATE MEDICAL LIBRARY.

**Edited by Miss Frances K. Ray.**

### Recent Accessions.

American college of surgeons. List of the fellows. 1914.
American pharmaceutical association. National formulary. 4th ed. 1916.
Ashby, H. T. Infant mortality. 1915.
Hazen, H. H. Skin cancer. 1916.
International clinics. Ser. 26, v. 3, 1916.
Kober, G. M. and Hanson, W. C. ed. Diseases of occupation and vocational hygiene. 1916.
Le Prince, J. A. and Orenstein, A. J. Mosquito control in Panama. 1916.
Lowry, E. B. Your baby. 1915.
Mather, S. Anatomy and physiology of the nervous system. 1909.
Meara, F. S. Treatment of acute infectious diseases. 1915.
Moffat, J. L. Homoeopathic therapeutics in ophthalmology. 1916.
Nuttall, G. H. F. and Graham-Smith, G. S. Bacteriology of diphtheria. 1913.
Ophthalmic yearbook, v. 12, 1915.
Pharmacopoeia of the U. S. 9th decennial revision, 1916.
Rolt-Wheeler, F. The boy with the U. S. life-savers. c1915.
Satterlee, F. L. Dental radiology. c1913.
Schäfer, E. A. The endocrine organs. 1916.
Southern surgical and gynecological association. Transactions. 1915.
Tousey, S. Medical electricity. 2d ed. 1916.

### Periodical Sets Completed.

Bio-chemical journal.
Cornell veterinarian.
Zeitschrift für immunitätsforschung und experimentelle therapie.

### New Subscriptions.

Memoirs of the Wistar institute of anatomy and biology.
Nouvelle iconographie de la Sâlpetrière.
Physiological abstracts.

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